

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	07814	8/31/00
O.I.P.E. CLASSIFIER		5	8/31/00
FORMALITY REVIEW	<i>[Signature]</i>	71668	9/18
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/23/03
2	✓	✓	11/23/03
3	✓	✓	11/23/03
4	✓	✓	11/23/03
5	✓	✓	11/23/03
6	✓	✓	11/23/03
7	✓	✓	11/23/03
8	✓	✓	11/23/03
9	✓	✓	11/23/03
10	✓	✓	11/23/03
11	✓	✓	11/23/03
12	✓	✓	11/23/03
13	✓	✓	11/23/03
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48	✓	✓	11/23/03
49	✓	✓	11/23/03
50	✓	✓	11/23/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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